

Entered - - sb
CL 01L0018 - GWENDOLYN BURNS

CLAIM OF: STATE FARM INSURANCE COMPANIES

As subrogee of JANE A. STRUK
11350 Johns Creek Parkway
Duluth, Georgia 30098-0001

01- R-0264

For vehicular damages alleged to have been sustained as a result of a vehicular accident on September 5, 2000 at Piedmont Road, NE and Lakeshore Drive, NE.

BY PUBLIC SAFETY AND LEGAL ADMINISTRATION
COMMITTEE:

BE IT RESOLVED by the Council of the City of Atlanta that the action of the Department of Law be approved in authorizing payment to **STATE FARM INSURANCE COMPANIES as subrogee of JANE A. STRUK** the sum of \$2,000.00 in full settlement and satisfaction of all claims, past, present and future, of every kind and character for vehicular damages alleged to have been sustained as a result of a vehicular accident on September 5, 2000 at Piedmont Road, NE and Lakeshore Drive, NE., as is more particularly set forth in the within claim; said sum taken from and charged to account 1A01/529017/T31001, Settlement of Suits and Claims, Department of Law.

APPROVED: SUSAN PEASE LANGFORD
CITY ATTORNEY

BY:


ROBERT N. GODFREY
DEPUTY CITY ATTORNEY

DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY

Claim No. 01L0018

Date: February 14, 2001

Claimant /Victim JANE A. STRUK
BY: (Atty) (Ins. Co.) State Farm Insurance Companies
Address: 11350 Johns Creek Parkway, Duluth, Georgia 30098-0001
Subrogation: X Claim for Property damage \$ 4,259.98 Bodily Injury \$
Date of Notice: 12/26/00 Method: Written, proper X Improper
Conforms to Notice: O.C.G.A. §36-33-5 X Ante Litem (6 Mo.) X
Date of Occurrence 9/05/00 Place: Piedmont Road, NE and Lakeshore Drive, NE
Department PARKS, REC., & CULTURAL AFFAIRS Division: Parks
Employee involved Marvin S. Shannon Disciplinary Action: Verbal Admonishment

NATURE OF CLAIM: Claimant's vehicle was rear-ended by a City vehicle that was "following too closely". The City employee was cited for same.


INVESTIGATION:

Statements: City employee Claimant Others Written Oral X
Pictures Diagrams Reports: Police X Dept Report Other
Traffic citations issued: City Driver Claimant Driver
Citation disposition: City Driver X Claimant Driver

BASIS OF RECOMMENDATION:

Function: Governmental X Ministerial
Improper Notice More than Six Months Other Damages reasonable
City not involved Offer rejected Compromise settlement X
Repair/replacement by Ins. Co. Repair/replacement by City Forces
Claimant Negligent City Negligent X Joint Claim Abandoned

Respectfully submitted,


INVESTIGATOR - GWENDOLYN BURNS

RECOMMENDATION:

Pay \$ 2,000.00 Adverse Account charged: 1A01 X 2J01 2H01
Claims Manager:  Concur/date 02-15-01
Committee Action: Council Action

State Farm Insurance Companies



Auto Claim Central - Subrogation U
11350 Johns Creek Parkway
Duluth, GA 30098-0001

December 14, 2000

City Of Atlanta
68 Mitchell St SW Ste 4100
Atlanta, GA 30335-0332

ENTERED -
01L0018 - GWEN BURNS

BURNS
12/26/00
[Signature]

RE: Claim Number: 11-3521-927
Our Insured: Jane A. Struk
Date of Loss: September 5, 2000
Amount of Loss: \$4,259.98

Dear City Of Atlanta:

We are writing to you regarding a loss sustained by our insured. Our investigation indicates that you are responsible for this loss. By virtue of our payment, we are entitled to recover from the responsible party.

If you have liability insurance, please refer this letter to your insurance company and inform us of your insurer's name, their address, and your policy number. If you do not have insurance, please respond to us regarding your position in this matter.

Please call our office or use the enclosed self-addressed envelope for your response. Your cooperation is appreciated.

Sincerely,

Colette Tinkham
Claim Expediter
(770) 418-6896

State Farm Mutual Automobile Insurance Company

Enclosure

GENERAL RELEASE AND INDEMNIFICATIONCLAIM NUMBER 01L0018\$ 2,000.00

IN CONSIDERATION of the sum of TWO THOUSAND AND 00/100
DOLLARS, to be paid to me by the CITY OF ATLANTA, the future receipt of which is hereby
 acknowledged, I do hereby, for myself, my heirs, executors, administrators, and assigns, release and forever
 discharge said City, its officers and employees, including but not limited to Marvin S. Shannon, from
 any and all property damage claims, demands, actions, causes of action, suits, damages, loss and expenses, of
 whatsoever kind or nature for or on account of anything that has heretofore occurred, and particularly for or on
 account of a vehicular accident
 which occurred on or about the 5th day of September, 2000
 at or near Piedmont Road, NE

It is further understood and agreed that the payment of the above named sum is not to be considered as an
 admission on the part of the City, its officers, agents, servants or employees, of any liability whatsoever and the
 undersigned further covenants and agrees to indemnify and hold harmless the City of Atlanta, its officers, agents,
 servants and employees, from any and all claims, damages or costs which the said City of Atlanta, its officers,
 agents, servants and employees, may be called upon to make as a result of the event hereinbefore referred to

And I now state that the only consideration for my signing this release and indemnification is the payment
 of the sum stated above; that no other promise or agreement of any kind or nature has been made to or with me by
 said City or its agents to cause me to sign this release, and that I fully understand the meaning and intent of this
 instrument.

WITNESS my hand and seal this

16th

day of

February, 2001

Collette Turkkan (LS)
 STATE FARM INSURANCE COMPANY as subrogee of
 Jane A. Struk

(LS)

The above release was read and explained to, and signed by the said

in our presence on the date above written.

WITNESSES

11-3521-927

01-2-0264